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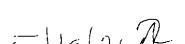
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Mille	r + Miller Inves	11941ya And Securi	ty Services LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
Trease recent an extrempt	machee comesting the mache		
	Wesley	Mame of Person	
	Miller & Miller	Investigative AND	Security Services
	2680 Son	HIMD RUAD	
	Mount Dor	City/State and Zip Code	
	•	City/State and Zip Code Uille/Arb Mille/. 01 to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	·	,
BLAKE GA Name o	-(Sw∂C♦ f Person	at (352) 705 Area Code Daytim	- > & 7 3 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, l		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miller And Miller Investigative And Security Services LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number	were filed on 4 - 29 - 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company bergy	
A. If amending name, enter the new name of the minted hab	miy company nere.	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, enter the nam	e of the new registered
agent and/or the new registered office address here.		252
Name of New Registered Agent:	NIA	
New Registered Office Address:		<u>ن.</u>
	Enter Florida street address	-2
	, Florida	Zin Co. L.
New Registered Agent's Signature, if changing Registered Agent:	City	zip Cojio
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Michaela Miller	2680 Southland ROAD Mount Dora 7632757	≯ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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effective d <u>e:</u>	te, if other ate is listed, th date inserted ffective date	ie date must b in this bloc	e specific ar k does not	nd cannot be meet the a	prior to date pplicable st	of filing of	more than 9		filing.) Purst	
ord speci filed.	fies a delaye	d effective (date, but no	ot an effect	ive time, at	12:01 a.m	, on the ea	rlier of: (b) The 90th	ı day after th
ed <i>f</i>	MARCH	126	111	20	21					
√	h/	MI		#MA	authorized (